

U.S. DEPARTMENT OF TRANSPORTATION

BUREAU OF TRANSPORTATION STATISTICS



A-1. Air Carrier Name \_\_\_\_\_ Code: \_\_\_\_\_  
A-2. Report Date (Year) \_\_\_\_\_ (Month) \_\_\_\_\_

**SCHEDULE T-100(f) FOREIGN AIR CARRIER TRAFFIC DATA BY NONSTOP SEGMENT AND ON-FLIGHT MARKET**

Line	A-3	A-4	B-1					B-2	B-3	B-4	B-5	B-6	C-1	C-2
No.	Airport	Airport	A-5 Service Code * Mark an (x)					Aircraft	Revenue	Revenue	Revenue	Available	Total	Total Revenue
	Code	Code	F	G	L	P	Q	Type	Aircraft	Passengers	Freight	Capacity-	Revenue	Freight in Market (kg)
	ORIGIN	DESTINATION						Code	Departures	Transported	Transported	Seats	Passengers	
											(kg)	Payload	in Market	
												(kg)		
										BY AIRCRAFT TYPE				SUM for all AIRCRAFT TYPES
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

\* Service Class Codes are:

F - Scheduled Passenger / Cargo G - Scheduled All-Cargo L - Nonscheduled Civilian Passenger / Cargo Charter P - Nonscheduled Civilian All-Cargo Charter Q - Used only if authorized by DOT

U.S. DEPARTMENT OF TRANSPORTATION

Research and Innovative Technology Administration

BUREAU OF TRANSPORTATION STATISTICS



**FOREIGN AIR CARRIER TRAFFIC DATA  
BY NONSTOP SEGMENT AND ON-FLIGHT MARKET  
SCHEDULE T-100(f)**

**FOREIGN AIR CARRIER CERTIFICATION**

Carrier Name:

Address:

Homeland: \*

Carrier Code:

Report Date (Year/Month)

Completed T-100(f) forms should be submitted to:

U.S. Department of Transportation  
**BTS, K14, Room 4125**  
400 Seventh Street, SW  
Washington, DC 20590-0001

I, the undersigned, do certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR Part 217. I affirm that, to the best of my knowledge and belief, this is a true, correct and complete report.

Signature:

Date:

Name (Print or Type)

Title:

Telephone Number:

Fax Number:

Name of Person Who Prepared Report:

Telephone Number:

Fax Number

\* Homeland is the name of the country under the laws of which air carrier organized.

**OMB NO: 2138-0040**  
**EXPIRATION DATE: 7/31/2008**

**Paperwork Reduction Act Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2138-0040. Public reporting for Schedule T-100(f) Report of Traffic and Capacity, is estimated to be approximately 2 hours per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Bernie Stankus, OAI/BTS/RITA, RTS-42, Room 4125, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590 or e-mail – [bernard.stankus@dot.gov](mailto:bernard.stankus@dot.gov).